

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
674669

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
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49					
50					
TOTAL IND.		2			
TOTAL DEP.		3			
TOTAL CLAIMS		5			

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IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			